

Please read, circle appropriate response, and initial each item below. Sign form at bottom when completed.

_____ 1. I **understand/do not understand (circle one)** that the H7N2 strain of avian influenza and all previous US outbreaks of AI have not been found to cause disease in any humans in the US.

_____ 2. I **understand/do not understand (circle one)** that these guidelines provided by APHIS are the recommendations of the Centers for Disease Control and Prevention (CDC) for maximum protection for workers exposed to AI virus and that these precautions are being taken for my personal protection against the risk of human infection with AI virus.

_____ 3. I **have/have not (circle one)** completed and passed the "Avian Influenza Exposure Symptom Questionnaire" prior to being exposed to AI infected poultry or premises contaminated with AI virus.

_____ 4. I **have/have not (circle one)** received the seasonal human flu vaccine. I received this vaccine at least two weeks **prior to today/today (circle one.)** If I refuse vaccination I **agree/not agree (circle one)** to sign the declination form. I **understand/do not understand (circle one)** that this vaccination will not prevent human infection by AI viruses but is intended to minimize the likelihood of an AI virus from recombining with human influenza viruses.

_____ 5. I **have/have not (circle one)** been offered antiviral medications and **agree/do not agree (circle one)** to take them as directed by medical professionals.

_____ 6. I **agree/do not agree (circle one)** to wear the Personal Protective Equipment (PPE) recommended by my employer at all times during possible exposure to AI virus. This PPE includes but is not limited to: cloth gloves over nitrile disposable gloves (replace gloves immediately if torn or otherwise damaged), discardable clothing and foot wear or washable boots that can be cleaned and disinfected on site, eye protection, disposable particulate N-95 (or higher) type respirator, and hair bonnet. I **have/have not (circle one)** been instructed on how to properly remove contaminated PPE to prevent cross contamination.

_____ 7. I **have/have not (circle one)** been fit tested and approved to wear an N-95 equivalent or higher respirator during the completion of physically strenuous activities.

_____ 8. I **have/have not (circle one)** been instructed about the importance of strict adherence to and proper use of hand hygiene after contact with AI infected poultry or AI virus contaminated surfaces. After removing protective gloves I **agree/do not agree (circle one)** to thoroughly wash my hands with soap and water for at least 10-15 seconds or to use other hand disinfection procedures as specified by the Medical Officer.

_____ 9. I **agree/do not agree (circle one)** to shower at the end of the work shift in a decontamination unit on site or via arrangements with local hotels using a dirty room for clothing removal and showering and a clean room for dressing in clean clothing to be worn home. Under no circumstances will I wear clothing worn in an AI contaminated environment home: this includes shoes, underwear, etc....

_____ 10. I **agree/do not agree (circle one)** to complete the attached health questionnaire on or about day 7 and again on day 14 after possible exposure to AI virus. If I answer "yes" to any question I **agree/do not agree (circle one)** to be referred to the Medical Officer and to follow their instructions for further examination and specimen collection as needed. I understand that my personal health information may be shared

with appropriate county and state health departments and **agree/do not agree (circle one)** to follow additional directions from these agencies if requested to do so.

_____ 11. I **understand/do not understand (circle one)** that both Safety and Medical Officers will be on site to answer any questions that I may have concerning these guidelines.

Printed Name: _____ Date: _____

Signature: _____